

**CAREER OPPORTUNITY**  
**STATE OF HAWAII – DEPARTMENT OF TAXATION**  
**Personnel Office - 830 Punchbowl Street - Room 217 Honolulu, Hawaii 96813**

Opening Date: July 17, 2025,

Closing Date: Till position is filled

**ADMINISTRATIVE RULES OFFICER, SRNA**  
**EXEMPT POSITION, #102247**  
**Recruitment Number TAX-2025-22**  
**Oahu District**  
**Temporary, Full Time Exempt Position**  
(Continuation of position extension dependent of availability of funds)  
**Salary: Negotiable based on experience**

**JOB SUMMARY:**

Reviews/develops Hawaii Tax Policies by drafting from and analyzing legislation; legislative testimony; rules; tax information releases; announcements; memoranda; administrative directives; responses to Director's and Governor's letters. Assesses all Tax legislative proposals and prepares written legislative testimonies; participates in legislative hearings; offers recommendations regarding proposals for the Governor's review, prior to enactment; and composes the annual digest of the New Tax Laws passed by the Legislature. Develops/Coordinates/Assists with training programs for the public and employees regarding Hawaii Tax Laws on Oahu and the Neighbor Islands. Participates with Division Chiefs/Staff Officers in reviewing Department Operations/Policies and Advises on Tax Research Projects. Maintains contact with the Internal Revenue Service, National and Multi-State Organizations to keep abreast of the latest developments. Assist in the review of Forms, Instructions, and Procedures. Acts as the Director's representative on various committees' meetings with Legislators, other County Agencies, or the Public; with Multi-State and Federal-State meetings.

**MINIMUM QUALIFICATION REQUIREMENTS:**

**EDUCATION:** Graduation from an accredited four-year college or university with a bachelor's degree; **and** a degree in accounting or Juris Doctorate degree.

**EXPERIENCE REQUIREMENTS:** Except for the substitutions provided for in this specification, applicants must have had progressively responsible experience of the kind and quality described in the statements below and in the amounts shown below, or any equivalent combination of training and experience.

**Experience:** Five (5) years of experience in one or combination of A or B below. Such experience must have provided a good working knowledge of Federal and Hawaii Tax Laws, Rules, Accounting Principles, Procedures, Practices, Techniques, and their application to various Tax issues:

- A. Authoritative experience which involved, as a major activity, substantive involvement in reviewing, analyzing, and interpreting and applying Federal and State Tax Laws, Rules, Legal Opinions, Court Decisions, and other pertinent documents to resolve and advise on complex Tax issues.
- B. Responsible professional work experience as a Certified Public Accountant, Public Accountant, or Attorney dealing with Tax matters as a substantial portion of work which included Research on Tax matters exhibiting knowledge of Federal and State Tax Laws, Rules, Legal Opinions, Court Decisions, and other pertinent documents and their application to various, providing advice on the Tax ramifications.

**LICENSE REQUIREMENTS:** Applicants must possess a valid type 3 license to drive in the State of Hawaii, license to practice Law in Hawaii, Hawaii CPS's license or ten (10) years of State of Hawaii Department of Taxation experience working in areas of writing Rules, evaluating/creating Tax forms/instructions and interpretations of Tax Laws.

**HOW TO APPLY:**

Submit to the address below: 1) **Application**, 2) **Resume**, 3) **Transcripts** (Copies of official transcripts are acceptable; however, original official transcripts will be required at the time of hire. On-line transcripts or academic record/grade summaries will **NOT** be accepted. Diplomas and copies will **NOT** be accepted), 4) A brief one-page statement outlining how you meet the minimum and desirable qualifications, and 5) Three letters of recommendation (optional).

All requested documents/information becomes the property of the Department of Taxation. No electronic transmission will be accepted. Failure to submit **ALL** required documents shall deem an application to be incomplete and will not be considered.

**Send required documents to:**

**Mail:**  
Department of Taxation  
Human Resources Office  
P.O. Box 259  
Honolulu, HI 96809

**In-Person:**  
Department of Taxation  
Human Resources Office  
830 Punchbowl St., Room 217  
Honolulu, HI 96813

**NOTIFICATION TO APPLICANTS**

The Department of Taxation will use electronic mail (email) to notify applicants of important information relating to the status and processing of their applications as part of our ongoing efforts to increase operational efficiency, promote the conservation of green resources, and minimize delays and costs. Please ensure that the email address and contact information you provide is current, secure, and readily accessible to you. We will not be responsible in any way if you do not receive our emails or fail to check your email-box in a timely manner.

**QUALITY OF EXPERIENCE:**

Possession of the required number of years of experience will not in itself be accepted as proof of qualification for a position. The applicant's overall experience must have been of such scope and level of responsibility as to conclusively demonstrate that he/she has the ability to perform the duties of the position for which he/she is being considered.

**AN EQUAL OPPORTUNITY EMPLOYER**

If you need a reasonable accommodation to participate in the application process, please call the Personnel Office at 587-1503 (voice), 587-1417 (TTY). A request for reasonable accommodation should be made no later than ten calendar days prior to the needed accommodations.

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF TAXATION  
Personnel Office  
P.O. Box 259  
Honolulu, Hawaii 96809-0259



FOR OFFICIAL USE ONLY  
DEPARTMENTAL PERSONNEL STAFF  
TO SELECT CATEGORY.

☐ Exempt ☐ TAOL  
☐ 89 Day ☐ \_\_\_\_\_

RECEIVED DATE/TIME STAMP

## GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

*The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.*

1. \_\_\_\_\_  
POSITION TITLE APPLYING FOR

2. \_\_\_\_\_  
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES  
USED OR FORMER

4. LAST NAME: \_\_\_\_\_

MAILING  
5. ADDRESS: \_\_\_\_\_  
P.O. Box or Number and Street

City State Zip Code

E-MAIL  
6. ADDRESS: \_\_\_\_\_

PHONE  
7. NUMBER: \_\_\_\_\_  
Home Other

## 8. WORK AUTHORIZATION

Please answer both A and B below:

- A. Are you legally authorized to work in the United States? Yes No
- B. Will you now or in the future require sponsorship by the State of Hawaii for employment visa status (e.g. H-1B visa status)? Yes No

## 9. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

## CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an "At Will" basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Applicant

# STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

*The information on pages 1 and 2 will not be released to persons involved in the appointment process.*

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

## 10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?.....☐ YES.....☐ NO

B) Separated from military service under conditions other than honorable? .....☐ YES.....☐ NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? .....☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? .....☐ YES.....☐ NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? .....☐ YES.....☐ NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? .....☐ YES.....☐ NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATE OF HAWAII DEPARTMENT OF TAXATION  
EDUCATION AND EMPLOYMENT HISTORY  
STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

**FOR OFFICIAL USE ONLY**

DEPARTMENTAL PERSONNEL  
STAFF TO SELECT CATEGORY

☐ Exempt ☐ TAOL  
☐ 89 Day ☐ \_\_\_\_\_

1. POSITION TITLE APPLYING FOR: \_\_\_\_\_

2. RECRUITMENT NUMBER or POSITION NUMBER: \_\_\_\_\_

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: \_\_\_\_\_

Last

First

Middle

4. OTHER NAMES  
USED OR FORMER  
LAST NAME: \_\_\_\_\_

5. E-MAIL

ADDRESS: \_\_\_\_\_

6. MAILING

ADDRESS: \_\_\_\_\_

P.O. Box

or

Number and Street

City

State

Zip Code

7. PHONE NO.: \_\_\_\_\_

Home

Other

**8. EDUCATION HISTORY:** When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT  
WRITE  
IN THIS  
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)

(School name/type)

(City/State/Country)

Did you graduate? ☐ Yes ☐ No If no, what grade level did you complete? \_\_\_\_\_

Did you receive a GED? ☐ Yes ☐ No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

**9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS**

A. DRIVER'S LICENSE: ☐ Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.

☐ No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

# EDUCATION AND EMPLOYMENT HISTORY

## STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

**10. EXPERIENCE:** Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

**Do not submit a resume in place of completing this page.**

<b>Your Present or Last Position</b>	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer _____ Address _____  Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ _____ _____ Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____	From: _____ <div style="text-align: center; font-size: small;">Month Year</div> To: _____ <div style="text-align: center; font-size: small;">Month Year</div> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Reason(s) for leaving _____ _____ _____ _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF HAWAII  
Department of Human Resources Development – State Recruiting Office  
235 South Beretania Street, Room 1100, Honolulu, Hawaii 96813-2437

## APPLICANT DATA SURVEY

(Page 1 of 2)

<b>NAME</b>		<b>DATE</b>	
<p>Please complete one Applicant Data Survey form for each job you apply for. If applying for more than one level of work appearing in the same State of Hawaii Career Opportunity announcement, complete an additional line for each additional level of work.</p>			
<b>JOB(S) APPLYING FOR</b>	<b>TITLE</b>	<b>RECRUITMENT NUMBER</b>	

<b>APPLICANT DATA SURVEY (Optional)</b> The State of Hawaii invites employees and applicants to voluntarily self-identify their age, sex, race or ethnicity, and language skills. Submission of this information is <b>VOLUNTARY</b> and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept <b>CONFIDENTIAL</b> and may only be used in accordance with provisions of applicable laws, executive orders, and regulations.							
<b>AGE</b>	<input type="checkbox"/> Under 20	<input type="checkbox"/> 20 - 24	<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 30- 39	<input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 and over	
<b>GENDER</b>	Male	Female	Agender	Cisgender Man	Cisgender Woman	Demi Gender	Genderfluid
	Genderqueer	Middle Gender	Māhu	Māhūkāne	Māhūwahine	Nonbinary	Not in list
	Prefer not to say	Third Gender	Transgender	Transgender Man	Transgender Woman	Two Spirit	
<b>ETHNICITY (Check the box below if you are of Hispanic Origin)</b> <input type="checkbox"/> Hispanic or Latino: All persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.							
<b>RACE (Select one or more racial categories below to describe yourself)</b> <input type="checkbox"/> <b>White:</b> All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. (e.g., persons who identify as Portuguese, German, Lebanese, Arab, or Egyptian). <input type="checkbox"/> <b>Black or African American:</b> All persons having origins in any of the Black racial groups of Africa. <input type="checkbox"/> <b>American Indian or Alaskan Native:</b> All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.							
<b>Native Hawaiian and Pacific Islander:</b> All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands - Native Hawaiian, Guamanian or Chamorro, Samoan, etc. <input type="checkbox"/> <b>Native Hawaiian</b> <input type="checkbox"/> <b>Part Native Hawaiian</b> <input type="checkbox"/> <b>Tongan</b> <input type="checkbox"/> <b>Samoan</b> <input type="checkbox"/> <b>Guamanian or Chamorro</b> <input type="checkbox"/> <b>Other Pacific Islander</b> _____ For Example: Belauan, Chuukese, Cook Islands, Fijian, Kosraean, Maori, Marshallese, Papua New Guinea, Pohnpeian, Rapa Nui, Solomon Islands, Tahitian, Vanuatu, Yapese, etc.							
<b>Asian:</b> All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> <b>Chinese</b> <input type="checkbox"/> <b>Japanese</b> <input type="checkbox"/> <b>Korean</b> <input type="checkbox"/> <b>Filipino</b> <input type="checkbox"/> <b>Vietnamese</b> <input type="checkbox"/> <b>Other Asian</b> _____ For Example: Bangladesh, Bhutan, Cambodia, India, Indonesia, Laos, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Singapore, Sri Lanka, Taiwan, Thailand, Yemen, etc.							

Note: Race/ethnic designations as used by the U.S. Equal Employment Opportunity Commission (EEOC) do not denote scientific definitions of anthropological origins.

STATE OF HAWAII  
Department of Human Resources Development – State Recruiting Office  
235 South Beretania Street, Room 1100, Honolulu, Hawaii 96813-2437

## APPLICANT DATA SURVEY

(Page 2 of 2)

<b>FOREIGN (NON-ENGLISH) SPOKEN (OR SIGN) LANGUAGE SKILLS (Select from the languages/dialects listed below)</b>				
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Afrikaans	<input type="checkbox"/> Amharic	<input type="checkbox"/> Arabic	<input type="checkbox"/> American Sign Language
<input type="checkbox"/> Bahasa (Indonesian)	<input type="checkbox"/> Bengali	<input type="checkbox"/> Burmese	<input type="checkbox"/> Cantonese (Chinese)	
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Mandarin (Chinese)		<input type="checkbox"/> Croatian
<input type="checkbox"/> Shanghai (Chinese)	<input type="checkbox"/> Taiwanese (Chinese)		<input type="checkbox"/> Teochew/Chaozhou (Chinese)	
<input type="checkbox"/> Czech	<input type="checkbox"/> Danish	<input type="checkbox"/> Dutch	<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Flemish
<input type="checkbox"/> French	<input type="checkbox"/> Finish	<input type="checkbox"/> German	<input type="checkbox"/> Greek	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Kannada (India)	<input type="checkbox"/> Konkani (India)
<input type="checkbox"/> Hindi (India)	<input type="checkbox"/> Punjabi(India)	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Khmer (Cambodian)
<input type="checkbox"/> Kiswahili	<input type="checkbox"/> Korean	<input type="checkbox"/> Kosraean	<input type="checkbox"/> Latvian	<input type="checkbox"/> Lithuanian
<input type="checkbox"/> Laotian	<input type="checkbox"/> Latin	<input type="checkbox"/> Malay	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Myanmar	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Okinawan	<input type="checkbox"/> Cebuano Visayan (Philippines)	
<input type="checkbox"/> Ilokano (Philippines)	<input type="checkbox"/> Ilonggo Visayan (Philippines)		<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Swahili
<input type="checkbox"/> Spanish	<input type="checkbox"/> Serbo-Croatian		<input type="checkbox"/> Swedish	<input type="checkbox"/> Tagalog (Philippines)
<input type="checkbox"/> Telugu	<input type="checkbox"/> Thai	<input type="checkbox"/> Tamil (India)	<input type="checkbox"/> Tamil (Ceylon)	<input type="checkbox"/> Tongan
<input type="checkbox"/> Turkish	<input type="checkbox"/> Twi (Ghana)	<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Urdu (Pakistan)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Welsh	<input type="checkbox"/> Wolof	<input type="checkbox"/> Yapese	<input type="checkbox"/> Other - Pls. specify: _____	

Please select one (1) of the following on your fluency in the language/dialect as referenced above.	<input type="checkbox"/> Native or Native-like	<input type="checkbox"/> Conversational	<input type="checkbox"/> Simple phrases	<input type="checkbox"/> Not applicable
Rate your ability to SPEAK the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to READ the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
Rate your ability to WRITE the language / dialect as referenced above.	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Not applicable
If needed, are you comfortable in assisting or interpreting for limited English clients/customers who speak your language?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

*An Equal Opportunity Employer*



# Employment Availability Information

## State of Hawaii Application for Civil Service Positions

Department of Taxation  
P.O. Box 259 Honolulu, HI 96809-0259

Name \_\_\_\_\_  
Last First Middle Initial

### INSTRUCTIONS:

1. Please type or print in ink. Complete both sides of this form.
2. Use this form to apply for the job(s) described on the accompanying State of Hawaii Career Opportunity announcement. If you are applying for more than one level of work, (for example, Accountant III & IV) this form will be used for all levels for which you've applied. If you wish to have different information for each level, you must submit a separate Employment Availability Information form for each level. **Please remember to complete a separate application and Employment Availability Information form to apply for job(s) on another State of Hawaii Career Opportunity announcement.**
3. The employment conditions you choose will determine the types of job(s) (for example, full-time, permanent, Wailuku, etc.) for which you may be referred. Changes to your availability must be in writing and submitted to us at the above address.
4. Notify the Department of Taxation Personnel Office in writing of any changes to your mailing address, telephone number, and/or work availability. Be sure to include your full name and the job you applied for. Your changes will replace the previous information on record.

RECRUITMENT NO.	JOB TITLE	TAX Use Only			
		Acc	Rej	Code(s)	Notice Date
				VP/Exp. Date	HRS/Date

**Employment Availability** Please check (✓) the following conditions of employment for which you are interested and available.  
*A blank response will be considered a NO response.*

- |                                 |                                    |                                    |
|---------------------------------|------------------------------------|------------------------------------|
| 1. Permanent job                | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 2. Temporary job                | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| 3. A job at a lower rate of pay | <input type="checkbox"/> Yes       | <input type="checkbox"/> No        |

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**Geographical Availability** Please check (✓) all the locations for which you are willing to accept employment.  
Note: You must be available to work in any or all areas within the geographic area(s) that you have selected.

### OAHU

- ☐ **Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
- ☐ **Waipahu to Aiea** (Includes Waikele, Waipio, Pearl City)
- ☐ **Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
- ☐ **Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
- ☐ **Manoa to Kahala** (Includes McCully, Moiliili, Waikiki, Kapahulu, Kaimuki, Waialae, Palolo)
- ☐ **Aina Haina to Hawaii Kai**
- ☐ **Waimanalo / Kailua**
- ☐ **Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)
- ☐ **Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kuilima)
- ☐ **North Shore** (Includes Waimea, Haleiwa, Waialua)
- ☐ **Wahiawa / Kunia / Mililani**
- ☐ **Waianae Coast** (Includes Nanakuli, Maili, Waianae, Makaha)

### HAWAII

- ☐ **Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehe)
- ☐ **Honokaa / Hamakua** (Includes Ookala, Paaulo, Paauhau, Haina, Kukuihaele)
- ☐ **Kamuela / Kohala / Waikoloa** (Includes Halaula, Kapaau, Hawi, Kawaihae)
- ☐ **Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealakekua, Captain Cook, Honaunau)
- ☐ **Ka'u** (Includes Ocean View, Naalehu, Pahala)
- ☐ **Puna** (Includes Hawaii Volcanoes National Park, Volcano, Mountain View, Kurtistown, Keau, Pahoa, Kapoho)

### MAUI

- ☐ **Wailuku / Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
- ☐ **Lahaina**
- ☐ **Maalaea / Kihei / Wailea**
- ☐ **Hana**
- ☐ **Makawao** (Includes Pukalani, Haliimaile, Haiku, Paia)
- ☐ **Kula**

### KAUAI

- ☐ **Lihue** (Includes Hanamaulu)
- ☐ **Kapaa** (Includes Wailua, Kealia, Anahola)
- ☐ **Hanalei** (Includes Kilauea, Princeville, Haena)
- ☐ **Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Elele, Port Allen, Kalaheo)
- ☐ **Koloa** (Includes Lawai, Omao)

### LANAI

- ☐ **Lanai City**

### MOLOKAI

- ☐ **Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
- ☐ **Kalaupapa**